Debtor 1 Michael S. Eisenga Debtor 2 (Spouse, if filing)	Fill in this information to identify your case:	
	Debtor 1 Michael S. Eisenga	
United States Bankruptcy Court for the: Western District of Wisconsin	United States Bankruptcy Court for the: Western District of Wisconsin	
Case number (if known) 20-10423 ☐ Check if this is an amended filing	20 10 120	☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

10/19

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known).

	number (if known).							
ırı	1: Calculate Your Current M	onthly Income	e					
	What is your marital and filing s	tatus? Check	one only.					
	■ Not married. Fill out Column A	A, lines 2-11.						
	☐ Married and your spouse is f	iling with you.	. Fill out both	Columns A a	nd B, lines	2-11.		
	\square Married and your spouse is N	NOT filing with	າ you. Fill out	Column A, lir	nes 2-11.			
c of in	Il in the average monthly income ase. 11 U.S.C. § 101(10A). For exa your monthly income varied during come amount more than once. For but have nothing to report for any lin	ample, if you are g the 6 months, example, if both	e filing on Sep , add the inco th spouses o	ptember 15, to me for all 6 m	ne 6-month nonths and	period would be divide the total b erty, put the inco	March 1 through Augus y 6. Fill in the result. Do me from that property in	st 31. If the amou not include any
						Column A Debtor 1	Column B Debtor 2	
	Your gross wages, salary, tips, payroll deductions).	bonuses, over	rtime, and co	ommissions	(before all	\$0.	00 \$	
	Alimony and maintenance paym Column B is filled in.	nents. Do not ir	nclude payme	ents from a sp	ouse if	\$0.	00 \$	
	All amounts from any source will of you or your dependents, inclusion an unmarried partner, member and roommates. Include regular confilled in. Do not include payments	uding child su ers of your hou ontributions fro	ipport. Including isehold, your on a spouse of	le regular con dependents,	tributions parents,	\$0.	00 \$	
,	Net income from operating a business, profession, or farm	Debtor 1	De	btor 2				
	Gross receipts (before all deduction	ons)	\$	0.00				
	Ordinary and necessary operating	expenses	- \$	0.00				
	Net monthly income from a busine	ss, profession,	, or farm \$	0.00 Co	py here ->	\$0.	00 \$	
	Net income from rental and other real property	Debtor 1	De	btor 2				
			\$	5,340.00	0			
	other real property	ons)						

Official Form 122B

Debto	Michael S. Eisenga			Case n	umber (if known)	20-10423	
				Columi Debtor		Column B Debtor 2	
7.	Interest, dividends, and royalties			\$	0.00	\$	
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the a the Social Security Act. Instead, list it here:	amount received wa	as a benefit unde	r			_
	For you	\$	0.00				
	For your spouse						
9.	Pension or retirement income. Do not include benefit under the Social Security Act. Also, exce not include any compensation, pension, pay, and United States Government in connection with a disability, or death of a member of the uniformed pay paid under chapter 61 of title 10, then includ does not exceed the amount of retired pay to whif retired under any provision of title 10 other than	ot as stated in the repuity, or allowance disability, combat-reservices. If you relet that pay only to the you would othe	next sentence, do paid by the elated injury or ceived any retired he extent that it rwise be entitled		0.00	\$	_
10.	Income from all other sources not listed above Do not include any benefits received under the Streceived as a victim of a war crime, a crime again domestic terrorism; or compensation, pension, punited States Government in connection with a disability, or death of a member of the uniformed sources on a separate page and put the total believed.	Social Security Act; nst humanity, or inta ay, annuity, or allow disability, combat-re services. If necess	payments ternational or wance paid by the elated injury or	9			
	Company Draws			\$	5,000.00	\$	
				\$	0.00	\$	_
	Total amounts from separate pages, if a	nny.	+	. \$	0.00	\$	_
11.	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to	Column B.	\$	7,255.0	o + \$ _	= \$_	7,255.00

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Debtor 1	Michael S. Eisenga	Case number (if known)	20-10423
Part 2:	Sign Below		
	By signing here, under penalty of perjury I declare that the information	on on this statement and in any atta	achments is true and correct.
)	(/s/ Michael S. Eisenga		
_	Michael S. Eisenga		
	Signature of Debtor 1		
Date	March 26, 2020		
	MM / DD / YYYY		